

**STAFF NONCOMMISSIONED OFFICERS ACADEMY
INTERVIEW/SCREENING CHECKLIST
(REVISED OCTOBER 2000)**

1. _____
Last Name First Middle
2. _____
Rank (select)/DOR/TIG
3. _____
SSN/PMOS/EAS
(Recommend 36 months upon
reporting for duty with the SNCOA)
4. Present Duty Station/MCC/Mailing Address/Phone (DSN or Comm)

5. Previous Instructor Assignment: _____

IMS Trained: Yes ____ No ____
6. Previous Special Duty (i.e. DI, Recrtr, MSG): _____
7. Other Special Qualifications: _____
8. _____
MOS Monitor's Name and Phone #
9. _____/
AA Form (Date Rcvd)/Naval Msg (Date Sent)
10. _____
Master Brief Sheet/BTR/BIR (Rcvd)
11. Monitor and Marine's SNCOIC/SgtMaj Comments: Date: _____

Qualifications	Criteria	Yes	No
12. SSgt thru MGySgt	Is the Marine a volunteer?		
Education Level: _____	Has completed current PME for current grade?		
13. General Test Scores	Minimum GT score of 110? (waverable)		
14. Medically Qualified	Have you ever had any of the following medical conditions? If yes, explain in the details section.		
Date of Last Physical Exam: (must be under 5 years)	Hip, Ankle, Knee problems?		
_____	Back problems?		
	Shoulder or Elbow problems?		
	Do you have any Pins or Plates?		
	Do you have Allergies?		
	Are you a smoker?		
	Do you chew smokeless tobacco?		
	Have you ever been a heat casualty?		
	Any heart conditions?		

Details of any conditions: _____

15. Dental Class: _____ Date of last Dental Exam: _____

16. Training: Age: _____
 Last PFT Score: _____ Date: _____
 Last Rifle Score: _____ Date: _____
 Last Pistol Score: _____ Date: _____

17. Physical Standards: Height: _____ Weight: _____ Body Fat: _____
 Complies with Marine Corps Standards: Yes ___ No ___
 Have you ever been assigned to Personal Appearance Program: Yes ___ No ___

18. Disciplinary Record: Court Martial, **NJP, DUI**, derogatory Page 11s, Civil
Offense within the past **FIVE** years:
Yes ____ No ____ Date: ____
Domestic Violence of any sort:
Yes ____ No ____ Date: ____

Explain all yes: _____

19 Financial Status: Credit Card(s), balance: _____

Total Debt:

20. Marital Status: Married ____ Divorced ____ Single ____
Separated ____ Custody of Children ____
Dependants Name/Ages: _____

Are any of your family members assigned to the Exceptional
Family Member Program: Yes ____ No ____

Reason on EFMP: _____

21. Interview Remarks: _____

22. Interview Results: Qualified: _____ Not Qualified: _____

Interview Conducted by: _____

Date: _____